

# NATIONAL INSTITUTE FOR LITERACY

## Literacy and Learning Disabilities- *Special Collection*

How do learning disabilities affect an English language learner?

What are the problems in identifying LD in an ESL/ESOL learner?

How can adult education programs support these learners?

In this paper Robin Schwarz addresses the crossover areas of learning disabilities (LD) and ESL / ESOL. She is uniquely qualified to do so since she has spent much of her adult life studying, teaching, and writing about the ways in which the two areas affect each other. She is a member of the LD Special Collection's Core Knowledge Group.

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## References and resources

Web links with information about English language acquisition and LD

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## LD and the English language learner

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### ***How LD affects the foreign/second language learner***

Since LD is a brain-based learning problem, a language learner with LD is affected in many of the same ways that a native English speaker is. However, there is growing evidence from research around the world that LD may be manifested somewhat differently in different languages.

**1. Language skills not learning skills:** LD frequently affects language skills, so the ESOL learner who has LD will most likely have challenges in learning, using and eventually mastering the English language. In spite of that, a learner may be able to learn *about* content in English even if his or her mastery of English is not good.

**2. Problems in the first language:** Generally speaking, problems that are evident in the first language will be present in the second; for example, the person who has spelling problems in Spanish will have similar problems in English. (Rooney, 1995, Rooney & Schwarz, 1999, Schwarz, 2000)

**3. Possibly more severe problems in English:** Sometimes LD may appear to affect a learner very mildly in his or her first language but very strongly in English. This may happen for at least four reasons:

- The learner's first language may have very regular spelling that is close to the pronunciation of the language, making reading predictable and easy where English is not nearly as predictable. (Goswami, 1997, Spencer, 1999)
- The learner's first language may have a smaller overall vocabulary than English does, assuring that words are used very frequently in reading.

This repetition provides the at-risk reader with plenty of practice of familiar patterns. (Geva, 1993)

- The learner learns to use compensatory strategies in the familiar environment in which he or she learns to speak, read and write.

This way he or she overcomes many of the challenges the LD may cause, but in a new language, culture and environment, the learner must start all over again. (Rooney & Ijiri, 1996, Schwarz, 2000.)

- Some languages do not require as much visual attention for reading and spelling as English does. (Geva & Hoseinni, 1999; Haynes & Hook, 2001; McCrory, Paulesu, Menoncello, Brunswick, Gallagher, Price, Frith, & Frith 1991; Stanovich & West, 1989)

**4. All aspects of the learning process:** LD can affect visual or auditory short term or long term memory, understanding abstract concepts,

understanding time concepts, writing, spelling and any other aspect of receiving and expressing information. All of these functions are needed in language learning, so impairment in any of them can make language acquisition much more difficult for the learner with LD. (Landurand & Cloud, 1991)

**5. Two primary types of language learning problems:** Studies on Englishspeaking

persons who have LD and are trying to learn foreign languages indicate that two distinct types of learners are often seen:

- Those who can understand and speak the new language quite fluently and even idiomatically with good pronunciation (though their oral grammar may be weak), but find writing and reading in the new language very difficult
- Those who are able to read, write and learn written grammar but cannot manage the listening and speaking aspects of language. (Ganschow & Sparks, 1993, Sparks 1995)

**6. The non-language learner:** A third type—what is referred to in the literature as the “garden-variety poor language learner” has difficulty with all aspects of foreign/second language learning. This type was not commonly seen in this research. (Ibid)

**7. Intelligence and language learning:** Research has shown for many years that there is absolutely NO correlation between intelligence and the ability to learn a foreign language. In fact, much of the research on foreign language learning difficulties has been aimed at high-achieving college students who failed at learning a foreign language. (Ibid)

**Why it is important to identify the ESOL learners who may have LD**

Identification can serve several important purposes. (For more on this and other issues concerning adult ESOL learners with LD see Hall, 1995; Hatt & Nichols, 1995; Lingenfelter, 1993; Norris, 1999)

**1. Self-esteem:** Just as for English-speaking learners with LD, having the learning problem formally acknowledged can help the self-understanding and self-esteem of ESOL learners with LD in many ways. (Rooney & Schwarz, 1999; Schwarz, 2000)

**2. Better instruction:** Identification, or attempts at it, can yield information that can be important in designing instruction and program support that is most closely suited to learners’ real needs. Without attempts at finding out what is affecting a learner’s progress, teachers and others are likely to try to guess at what the problem may be. (Ibid)

**3. Other problems may be revealed:** In the identification process, other problems the learner may be having are likely to be revealed. Then proper action can be taken—for example, referral to specialists, or guidance in finding help for difficulties at work or home.

**4. Understanding children with LD:** Since LD is now fully recognized to run in families, it is likely that an adult ESOL learner has a child with LD as well (Wood & Grigorenko, 2001). Helping the ESOL learner to

understand about LD and its effects on learning can aid the parent in understanding problems and behaviors that his or her child may be having in school.

**5. Prevention of unintended discrimination:** ESOL learners with LD who are not at least tentatively identified are usually seen as needing to learn more English. Then they may get stuck in beginning level or low intermediate level English for many months or years and cannot move on to learn *information* such as that needed for the GED or for a driver's test because their learning problem is misunderstood. Their being unable to access learning because of a misdiagnosed problem can be seen as unintentional –but *de facto*—discrimination, just as it is for Englishspeaking adults with LD who are perhaps also not identified and therefore cannot access a program they need to gain education or work skills (OCR complaint).

## **Issues and Problems in Identification and Diagnosis of LD in ESOL Learners**

### ***Informal identification: Screening in English***

When an ESOL learner is fluent in English, there is a temptation to use existing screening tests designed for English speakers to find out if there is LD. Unfortunately, there are many problems associated with trying to screen ESOL learners for LD by using tools in English or by questioning them in English (Cummins, 1984; Damico & Hamayan, 1991):

. **Cultural and linguistic issues:** Screening tools in English *cannot* be used for ESL learners because

- Many questions generally require cultural knowledge that the ESOL learner most likely does not have.
- Similarly, many questions on screening tests or checklists have little or no cultural relevance for persons from other cultures.
- The vocabulary on screening instruments, self-report checklists or interview protocols is often unfamiliar to ESOL learners.
- Direct assessment tasks such as oral vocabulary tests or tasks requiring the learner to describe pictures are in effect English tests, not skill tests.
- Other tasks such as testing phonological processing skills or phonemic awareness can be significantly affected by interference of the elements of the learner's first language.
- Being asked about his or her educational experience or problems in school, frequently the focus of questions on the screening tools, may be culturally very uncomfortable for the learner, so answers may not be reliable.

2. **An unknown concept:** Few cultures outside the US and Europe have much public awareness of the idea of LD or have any kind of special education.

- This means the adult ESOL learner will very likely

misunderstand the idea that a person can be intelligent but have a hard time learning.

- Instead the ESOL learner will be ready to blame his/her own lack of effort, disorganization, or stupidity, or the vagaries of English if asked why s/he thinks s/he is having a hard time learning.
- Because of varying cultural ideas about different learners, an adult ESOL learner may be extremely reluctant to be noticed as such.
- Moreover, the term should NOT be used when talking to an ESOL learner, as it translates very negatively into other languages. This means the learner cannot be directly asked whether s/he thinks s/he has LD, a feature of many screening procedures.

(Rooney & Schwarz, 1999; Schwarz 2000)

**3. No or few problems in first language:** As mentioned earlier, LD does not appear as often in some other languages. Also, it is possible to be very competent in one's first language despite having the deficits, which make acquisition of language difficult. (Dinklage, 1971; Ganschow & Sparks, 1993) Therefore, even if asked, the learner may honestly report few or no problems in first language.

**4. Confusion of normal second/other language learning patterns and LD:** The patterns and problems that LD causes closely resemble the errors that occur naturally in different stages of second/other language acquisition, making it difficult to know what the cause of such errors may be.

- For example, in second language learning, it is normal to make errors in spelling and writing, oral grammar, reading comprehension or use of idioms. These are the same kinds of problems that an English-speaking learner with LD is likely to have.
  - These patterns and behaviors often appear on checklists used to identify English-speakers with LD. This is another reason why these checklists must not be used with ESOL learners.
  - For a long time, confusion of these patterns led to many inappropriate referrals to special education in the K-12 setting. Teachers unfamiliar with language acquisition patterns and with LD may continue to mistake one for the other, resulting in learners who have LD not being identified, or learners experiencing the normal problems of second /other language acquisition being wrongly identified as having LD.
- (See for example, Ortiz & Polyzoi, 1986)

### ***Informal identification: Screening in the learner's first language***

When the problems of screening ESOL learners in English are recognized and/or when the learner speaks little English, educators tend to want to screen in the learner's first language. There are many problems associated with this idea of screening as well.

**1. Problems with determination of which language to assess in:**

It may be difficult to determine which language is actually the learner's dominant one. Persons from Haiti, for example, very likely speak Haitian Creole as their actual first language and French as an add-on language or a school language. Learners from any country that was colonized by a European country are likely to have this language pattern. Other learners could well have moved from country to country when young and have never developed full competence in any language. Young immigrants in the US who associate only with each other while learning English are known to develop an inter-language which becomes their dominant one.

**2. Little or no noticeable effect of LD in first language:**

As mentioned earlier, the nature of the writing systems of some languages such as Italian, Korean or Hungarian makes reading and spelling in those languages relatively uncomplicated. This feature makes it easier to overcome reading problems in those languages so fewer people have them (McCrory et al, 1991); however, since the problems are neurologically based and present in the brain, they will show up when the learner attempts a new language, and will likely be very strong in English, which has a difficult reading and writing system.

- Thus, screening for LD in the person's first language may reveal nothing or at least very few problems and the learner may be totally unaware of such problems.

**3. No validated screening tools in other languages as yet:** Attempts have been made in various places in the US to create screening tools in Spanish. As yet no such screen has been validated and found to be statistically reliable. However, work continues towards that goal (Division of Adult Education (1998).

- For a screening tool to be validated, the learners it is tested on must also have a full diagnostic evaluation to confirm or deny the findings of the screening tool. Such evaluation is very difficult to obtain because there are few scientific testing instruments in other languages and fewer persons qualified to use them. (See "Formal Diagnosis" below)

- Screening tools in other languages are being developed in other countries, but these have not been validated on the same populations as are in the US.

- Because evidence from attempts to test for LD across languages is beginning to indicate that LD may look different in other languages, it is not clear how much relevance results of screening in a native language will have for learning in English in the US.

- Screening usually requires testing phonological awareness with tasks such as rhyming or deletion of phonemes (single sound units). While these skills are critical in English, they are not as meaningful in some

other languages ( Smythe & Everatt, 2000).

#### **4. Many problems for US programs of adult ESOL:**

- There are dozens of languages represented in adult programs in the US. It is not likely that screening tools that are culturally and linguistically appropriate and accurate can soon be created in all these languages.
- Screening tools in other languages would have to be administered *in those languages* by persons familiar with LD and at least minimally trained in screening. It would be very difficult to find those personnel.

**5. Translation of English screening tools not possible:** Attempts at translation of English screening tools have been unsuccessful both in the US and in the UK because many of the cultural and linguistic items on the English tools are not appropriate or relevant in other cultures or languages (Miles, T. 1999, Young, G., 2002)

#### **6. Differences in LD in other languages and cultures:**

- Much of what we in an English-speaking environment see as dyslexia, or reading difficulties, results from the irregularities of English. But, as mentioned above, in more regularly spelled languages, dyslexia is not such a problem.
- Learners in other languages may have different kinds of difficulties resulting from the way those languages are constructed or read. Thus testing in the learner's first language may give different results from what testing in English would give. (See for example, Nikopoulos, Goulondris & Snowling, 2001)
- Research is just beginning to reveal how other types of LD besides dyslexia appear in other cultures and languages.

### **Informal identification: Differentiating LD from other causes of learning problems in adult ESOL learners**

A person who has come to live in an environment that is different from that of the home culture must cope with all sorts of problems. These problems are known to interfere with learning in many ways (Cumming, A., 1992) and therefore they must be eliminated as possible causes of difficulties before LD can be seriously suspected.

Generally speaking, LD affects a specific area or areas of learning. For example, a learner may speak English very well, but have great difficulty learning to read it, or may spell poorly but be able to write complete and interesting sentences (Schwarz, 2000; Schwarz & Rooney, 1999). In contrast, almost all of the factors mentioned below are likely to affect learning in a more generalized way, not just in specific areas. It is important to eliminate the possibility that any of these is the cause of the learner's difficulties before arriving at a tentative finding of LD:

#### **1. Affective or emotional factors:**

- Many in the field of second language acquisition believe that affective factors such as stress, depression or anxiety can interfere significantly with language learning for some learners (See for example Horwitz and Young, 1991, Ganschow, Sparks & Javorsky, 1998).
- Some researchers contend that the anxiety observed in language

learners may well be the *result* of poor language acquisition, not the cause. At least one study has shown that good language learners are often as anxious as poor ones (Javorsky, Sparks, & Ganschow, 1992).

- Adult ESOL learners are known to be affected by fatigue, loneliness, illness and culture shock, which can include trouble adjusting to food, weather, customs or any other aspect of life in a different country (Cumming, 1992).

- There is some literature supporting the idea that attitude towards the new language and those who speak it can affect language acquisition. If there are negative associations, whether conscious or unconscious, with the language to be learned, the learner may be unable to make progress (Bialystok & Hakuta, 1994).

- Belief in oneself as a learner of a language is known to play a part in successful language learning. If a learner does not believe he or she will learn a language for whatever reason, progress may be stopped (Oxford, 1990).

## **2. Poor language learning techniques or lack of practice:**

- Some in the field of second language acquisition believe that poor language learning techniques contribute heavily to poor learning (Ibid). As with many other factors mentioned here, there is the question of whether this may be a circular argument. It is well known that learners with LD tend to have a much narrower range of strategies for learning than persons without LD. Therefore, such learners are less likely to have or develop a wide range of language learning strategies to replace ineffective ones (Schwarz & Rooney, 1999).

- Lack of opportunities for practice of the new language outside the classroom is another cause frequently cited by teachers and language acquisition literature for slow or poor progress (Skehan, 1991). However, some researchers believe this (and other affective causes) may be more the result of the LD, which makes language acquisition, or probably all learning, unusually difficult (Ganschow, Sparks & Javorsky, 1998). Learners with LD may not profit from brief informal exposure to the new language the way non-LD learners can. They may also avoid situations where they will be misunderstood or will themselves misunderstand the language around them. Thus they do not seek out opportunities to practice nor easily profit from ones they do have (Hill, Downey, Sheppard & Williamson, 1995). Certainly there is strong evidence among foreign language learners that lack of opportunities for practice does not in itself prevent language acquisition.

- The language learner's ability to contrast a known language to a new one can contribute positively to language learning (See for example Koda, K. 1989). If a learner is not using or is unable to learn this strategy, it could be because of the limited range of strategies LD learners typically use, a poor understanding of grammar of the first language, or, in the case of many ESOL learners, because of low



literacy.

### **3. Low literacy:**

- Learners who have little formal schooling, or whose education was frequently interrupted, may appear significantly weaker as students than those who have had more education (Greene, 1998).
- Because of the low literacy, determining whether there is a problem in reading and writing is difficult.
- Since the learner has to learn literacy in a language that is new to him/her, the learning load is double compared to that of a non-literate person learning in his or her *first* language. As a result, teachers may *not* be surprised at slow learning in these learners for a long time.
- There is always the possibility that the learner has low literacy *because of* LD, but due to issues mentioned earlier, this may not be easy to determine. (See below for informal ways to assess ESOL learners.)
- Low literacy is not in itself LD. Being illiterate or having low literacy does not fatally handicap a learner. Care must be taken *not* to make this assumption. The low literacy may be the result of lack of opportunity, or of interrupted education due to innumerable factors (Crandall & Imel 1991).
- History provides myriad examples of illiterate persons who have become highly literate as adults.

### **4. Non-literacy:**

- Learners from cultures that have no written language will of course face large challenges in learning to deal with print and many other types of literacy. It is not well known yet how LD might affect people from these cultures as they attempt to become text -literate.
- Good qualitative information from programs all over the US on such populations as the Hmong can help establish what can be expected as normal learning rates and patterns for persons from non-text based culture.

### **5. Linguistic issues:**

- Interference of first language is a well-known phenomenon in second language acquisition (See for example Bialystok & Hakuta, 1994; Gass & Selinker, 1983). The learner may do such things as use the syntax of the first language when speaking English or apply the pronunciation system of the first language to English when speaking. For example, Russian speakers tend to leave out articles (the, a, an) when speaking English, while Italian speakers tend to finish every word with a vowel. Teachers need to be aware of such cross language influences in the languages of their students.
- Languages differ a little or a lot in their sound systems. If a learner's language has few of the same sounds as English, s/he will likely have difficulty hearing the new sounds that English has. Again, this is a very well known phenomenon—Japanese who have trouble distinguishing l/r or Spanish speakers confusing sh/ch. This factor makes almost all testing of phonological processing or phonemic awareness across

languages highly questionable (See for example, Miles, T. 1999).

- Other features of language such as stress, intonation and the placement of vowels in words can affect how a learner perceives English, pronounces it, or understands its structure (Genessee & Hamayan, 1980).
- If a learner's first or dominant language is quite distant from English in structure (grammar and word order), s/he may find it quite challenging to understand and produce good English syntax (Gass & Selinker, 1983).
- Teachers often believe that a difference in the direction of the writing and reading in the learner's first/dominant language must cause problems in learning to write and read in English. Actually the change in direction of reading and writing may indeed cause a delay for some learners, especially adults, but mostly will not prevent learning. But a few learners may have difficulty with visual/spatial perception or orientation and directionality because of LD. This means changing directions to read or write may confuse those learners profoundly (Schwarz, personal observation).

#### **6 Cultural issues:**

- Learners from other cultures may have expectations of the educational setting that vary deeply from those of their teachers. Learners from very authoritative cultures and education traditions may feel highly uncomfortable in a setting where it is acceptable to call out answers, and where learners are encouraged to be creative and do a wide variety of learning activities including hands-on learning. They may feel this is not an atmosphere for adult learners and balk at participating or deriving pleasure from many classroom activities (Alwazeer, M., Personal report, 1998; Schwarz, 2000). Teachers not aware of this problem may feel the learner does not understand or cannot respond to the learning activities.
- The ways that people from other cultures think, talk, and write about ideas can be quite different from the way it is done in American education. Where American thinking and writing can be characterized as linear, moving from the main idea directly to supporting ideas, in other cultures, thinking and ideas may spiral, circle or be completely indirect. Even the most adept adult learners may not pick up on these differences easily, nor may their teachers realize that their students are thinking in different patterns and not looking for main ideas when they read (Swan & Smith, 2001).
- Culturally-based mores regarding interaction with older persons of the same culture, persons of the opposite sex, or persons of a different race or religion can be obstacles to class participation as can ideas regarding behavior based on gender, modes of dress, or modes of speaking to persons of authority (Lynch & Hanson, 1998).
- Similarly, some religion-based training can make open discussion of certain types of ideas impossible for some learners. They may

consider moral issues such as abortion or the death penalty to be beyond debate. Thus it may seem that they have no ideas, cannot think analytically or, cannot express ideas in writing because they will not approach certain subjects (Schwarz, personal research).

- Accepting certain American customs such as collaborative learning or discussing personal topics may also be hard for the adult ESOL learner. This might result in withdrawal in class, or refusal to participate in group work, discussions or other activities intended to help the learner.

#### **7. Physical and health issues:**

- Age is commonly believed to be a factor in difficulty in acquiring a foreign language. Recent studies indicate, however, that the brain's plasticity is greater than previously understood (Walsh, 2002).

Moreover, according to at least one writer on language acquisition, ideas about older learners are usually based on those who have failed at language learning, rather than on those who succeed. Certainly there are many adults who successfully acquire new languages. Nonetheless, older learners in many programs often have trouble learning for whatever reason—whether some of those already mentioned or an aging brain.

- Poor vision or hearing will definitely contribute to poor learning. Some kinds of visual problems will cause reading difficulties that appear to be identical to the difficulties caused by dyslexia. Whether for economic or cultural reasons, ESOL learners may have neglected to have hearing and vision checked regularly (See for example *Optometric clinical practice...2000*).

- Some kinds of medications can cause loss of focus or energy or have other effects that would compromise optimal learning for an adult. As in so many things, persons from other cultures may not understand that in this culture it is appropriate to acknowledge that interference.

- Physical challenges such as hearing impairment or partial blindness may pose significant problems in a classroom. Persons from other cultures may not expect that physical handicaps will be accommodated or even regarded in the classroom. The person with visual impairment may never think to ask for print to be enlarged or to sit closer to the board.

- Emotional difficulties will almost certainly interfere with learning in one way or another. ESOL learners are often under unbelievable emotional strain for many reasons, including post-traumatic stress or domestic violence. Those working with the learner should be alert to the major symptoms of these syndromes, which are likely to affect more than just one skill in learning (, Auerbach, 1992; Isserlis, 2001).

#### **8. Quality of teaching and type of previous instruction in English**

- Though learners may report having studied English for a long time, in fact, the quality of instruction they received may have been poor (Crandall, 1993; Florez, 1997). As a result, they do not have the

foundation skills in English necessary to proceed with learning. They will appear weaker as learners than they perhaps really are. If placed in a more appropriate level, they may do well.

- English instruction in some cultures focuses on oral proficiency while in others it focuses on reading, writing and book grammar. Learners from these cultures may actually appear deficient in the other type of skill because of the lack of practice (Schwarz, 2002).

### **Informal identification of LD: A qualitative evaluation**

Despite the difficulties of screening in English or first language, it is possible to get closer to the conclusion that LD is very likely the cause of an ESOL learner's problems. Sometimes educators hesitate at the idea that identification results in labeling a learner. They feel labels can have a negative rather than positive effect on learners and their experience (Trotter, 1975). For the struggling learner, however, identification of learning disabilities, even if tentative, can be extremely beneficial.

(For this section, see Ortiz, 1992, 1997; Schwarz, 2002c)

#### **1. Purposes for attempting to informally identify LD in an ESOL learner:**

- **Clarification of the problem:** Careful informal evaluation can clarify what may or may not be causing the learner's problems and prevent guessing
- **Better information about the learner:** The informal evaluation will provide a great deal of information about the learner so that instruction can be better tailored to his/her needs and proper accommodation, modification or remediation can be offered. (See below on helping the ESOL learner with LD)
- **Support for referral** The documentation obtained in the informal evaluation can be used to support any referral to specialists, whether for further diagnosis of learning issues, or for health, psychological, or social issues.

(Division of Adult Education, 1998)

**2. Focusing on the key indicators of LD:** After bearing in mind all of the previously listed possible causes for a learner's failure to make progress, getting closer to finding out whether an ESOL learner has LD requires focusing on the key indicators of LD, which are

- persistence of a learning problem
- over time and
- in the face of normal competent instruction.

The key indicators can be addressed by attempting to answer the following three questions. If all three questions can be answered in the affirmative, an evaluation of "probably LD" is reasonable. If any question cannot be answered with a clear "yes," then it is likely that there is another cause for the learner's difficulties.

#### **A. Has the problem persisted over a long period of time?**

Because LD has a neurological basis, the effects of it last over the lifetime. Therefore, ascertaining that problems such as difficulty learning to decode (read), understanding oral directions, writing

coherent sentences, or mastering grammar have truly persisted is important. Verifying the persistence of the problem can be done in a variety of ways:

- Teachers or the program can document the fact that the learner has had the problem over several terms in the program.

Teachers and administrators generally understand normal progress in a program. Therefore when a learner does not make normal progress, s/he is noticed. The actual duration of the lack of progress should be noted.

Problems that appear during one type of class, with one teacher and not another, or after one or more successful terms in a program may *not* result from LD, but rather from such other causes as depression, poor teaching, or lack of motivation.

- The learner reports having changed English programs several times and is still at beginning or high beginning levels. Though s/he may have very plausible reasons for changing, in fact such changes are likely to have occurred because the learner was not making progress.

- The learner him- or herself- reports having a problem in learning throughout school. The learner may reveal this if the questions to elicit information about the learner's educational history are asked carefully. Learners have been known to report such things as poor spelling in Spanish, extreme difficulty learning to read in Arabic, problems stringing sentences together to write Japanese or difficulty decoding in Hebrew or repeating second grade three times. Similarly, they may report having been removed from school by parents because of not making progress. These are very strong indications of the presence of probable LD.

### **B. Has the problem persisted despite normal, appropriate instruction?**

The term LD denotes unusual difficulty learning in a setting or situation where most learners learn adequately or even easily. However, adults in ESOL programs are often placed according to just one skill such as speaking, which may have little to do with their ability in other language skills. As a result, the learner may be placed in an intermediate ESOL class when in fact s/he has beginning level reading or writing skills, or vice versa. Therefore, the *appropriateness* as well as the competence of the instruction must be assured during an evaluation of a learner who is struggling. As with persistence, resistance to instruction can be verified in several ways.

- Comparison of the learner's progress with others of the same language background and approximately similar language skills shows the learner made significantly less progress than those others.

- Verification has been made that the learner was placed in a class appropriate to his or her foundation skills. For example, if a learner has never actually learned the English sound system, but speaks well and was placed in an intermediate English class, that learner is very likely to have trouble with spelling and possibly decoding. The resistance question can only be answered after a more appropriate level of instruction has been tried.
- All physical issues such as hearing problems or vision impairment have been eliminated.
- If the problem is related to literacy skills in English (that is it is a problem with reading or writing), teachers have verified that the learner is in fact literate in the first or another language. If literacy is doubtful, that issue needs to be addressed first.
- If there is doubt about whether the instruction has been competent and appropriate, some attempt at re-teaching a skill in the normal way should be tried; then, if the learner still has not been able to learn, this question can be answered with a “yes”.

**C. Does the learner show a clear pattern of strengths and weaknesses both in and out of the classroom?**

Because LD typically (though not always) affects specific areas of learning rather than *all* learning, learners with LD are likely to have a profile of distinct strengths and weaknesses. Adult learners may appear to have almost no strengths in a classroom where only a few skills related to language are called on; therefore it is essential to learn about their lives *outside* the classroom, where they may show astonishing strengths never hinted at in school.

- The first thing to consider is the level of literacy in another language. Learners who have a high level of literacy and/or formal instruction in a vocation but who are struggling to learn English should immediately be suspected of having LD.
- When considering strengths and weaknesses in the classroom, it may be helpful to separate the affective behaviors from academic behaviors. For example, factors such as promptness, neatness, willingness to participate, or appropriate interaction with peers should be noted in addition to such things as the quality of pronunciation, quality of oral and or written grammar, spelling, listening skills or coherence of written work.
- In evaluating adult learners, it is important to know such things as whether they can sustain employment, are active in the community of people from their culture and language or their place of worship, or have a special skill in such things as art, sewing or singing, repairing machines or electronic devices or organizing activities. It is equally important to find out if a learner has achieved goals such as citizenship or a driver's

license, or has certificates of skill in something from their country. Such strengths indicate that these learners have the ability to learn—at least in other settings.

**3. Coming to a conclusion:** If there are three strong “yes” answers to these questions,

LD should be strongly suspected. (See below on obtaining a formal diagnosis). Remember that this is *not* a formal or legal diagnosis. However, this evaluation is sufficient to guide decisions about possibly observing the learner more closely, making adjustments to the teaching environment, planning more realistic goals and teaching the learner strategies for better learning. Moreover, as mentioned, the documentation obtained during this process can support referrals.

However, if one, two or all of these questions cannot be firmly answered in the affirmative, efforts need to be made to look into other possible causes for the learner’s problems in learning.

### **EXAMPLE #1**

It is determined that Carla appears to have real problems reading accurately and is stalled at a low -intermediate comprehension level. Carla reports long-term difficulties with this problem, which satisfies question 1. All other skills

(e.g. mastery of grammar, oral accuracy) except spelling are fairly strong. This means question # 3 can be answered with a clear “yes.” After directed observation, the teacher notices that Carla often reads individual words quite easily, but begins to struggle when words are longer, substituting letters or omitting syllables. The teacher also

notices that Carla reads somewhat better when there is larger print and less clutter on a page.

Wanting to be sure about question number 2, the teacher decides to address the possibility of visual problems and so enlarges the normal reading texts quite significantly. Now Carla reads noticeably more accurately; then the teacher has Carla cover part of the page and use a pencil to point to words while she reads. The teacher sees that under these circumstances, Carla can read almost perfectly accurately. Finally, to determine how much real comprehension difficulty there is, the teacher presents Carla with several texts which had previously caused her problems. The texts are enlarged and reproduced on pastel paper. Carla is encouraged to use a pencil as pointer, and re-read as necessary. With these minor modifications, she makes fewer errors on basic comprehension, though there are difficulties with vocabulary.

The teacher feels that the answer to number 2 is “No”. In fact, Carla *has* profited from previous instruction in decoding, but is lacking the necessary vocabulary to proceed to higher-level comprehension—an expected issue for a relatively new reader in a second language. Possibly she also has not profited from direct instruction in reading comprehension skills in classes because of the problems in seeing print. Thus Carla most likely does *not* have LD but rather has a visual problem that needs to be addressed. Moreover, she apparently has a normal ESOL lag in vocabulary needed for reading comprehension that should be addressed as well (See Cummins, 2002).

### **EXAMPLE # 2:**

After a full year in low intermediate English, Pierre, who is quite fluent in English still cannot write even the simplest words accurately or legibly. Because he reports only three years of schooling in his country, his

teacher suspects low literacy, but decides to evaluate Pierre to be sure. The teacher learns that Pierre has never been able to learn to write, though he has been in four different adult education programs, having started as a pure beginner in the first one. He tells her he has had writing tutors and tried several handwriting programs, yet he finds even writing his own name legibly a challenge. Moreover, she learns that he is from a French-speaking country with an education system based on the French one, where handwriting is heavily emphasized in the first years of school. Clearly the problem has persisted and has resisted normal instruction. Pierre is one of the strongest oral participants in the teacher's class and she has determined that he has strong phonological processing skills. Pierre is always prompt and leads discussions on all kinds of topics. In addition, he has a driver's license and is a licensed health care worker. The distinct strengths and weaknesses are obvious. The teacher sees that all three questions are clearly answered "Yes" and concludes that he probably has dysgraphia. (LD in the area of writing and written expression.) She begins to look for ways to get a formal diagnosis and in the meantime, makes efforts to allow Pierre to give oral answers instead of written ones and explores other ways to support his learning while avoiding putting him at a disadvantage because of his writing problem. She will consult with the ADA coordinator at her center to find out if it is possible to have Pierre formally evaluated.

### **Formal Diagnosis Of LD In An ESOL Learner**

As the examples illustrate, the questions can help arrive more solidly at a decision about whether to attempt to have a learner formally diagnosed. Obtaining a formal diagnosis of LD is necessary for learners to obtain legal accommodation in educational settings, work places, and on tests. However, it can be extremely difficult and risky to do this. Many of the problems are similar to the ones that arise in efforts to screen ESOL students (Cummins, 2002).

### **Formal diagnosis: Difficulties in diagnosing LD in a non-English speaker**

#### **1. Inappropriate testing tools:**

- Testing tools present the same problems that screening tools do: They have culturally inappropriate questions and tasks that become English or culture tests instead of ability tests.
- Though wise diagnosticians may attempt to avoid items that seem culturally loaded or linguistically difficult, the finding of LD must be based on total scores of the more common tests of intelligence and achievement. Therefore, partial scores are not acceptable for many purposes.

#### **2. ESOL learners not in the norming population:**

- For the results of a diagnostic test to be valid, the learner being tested must be represented in the population of people on whom the test was normed and validated.



- There are still relatively few such tests that have been normed for adults, and even fewer have been normed on populations of adults that included ESOL learners.

### **3. Testing intelligence across cultures:**

- There has been constant debate in the field of LD about what is actually being tested by intelligence tests that are part of the battery used to diagnose LD (See for example, Ysseldyke & Algozzine, Richey & Graden, 1982; Woodcock, 1984).
- This question becomes even more acute when attempts are made to test intelligence across cultures and languages (Gradner, Kornhaber & Wake, 1996).

### **4. Lack of awareness in diagnosticians:**

- Many, if not most, diagnosticians and psychologists in the US are unfamiliar with the cultural and language factors that make accurate diagnosis of ESOL learners very difficult. (Schwarz, personal research)
- When they are unaware of the implications of testing someone in a language that may or may not be the dominant one, testers make assumptions about the person's understanding and abilities that may be based on a false idea of competence in English.
- Even if English language dominance is established, the degree of actual language competence a learner has may be far below that of an English-speaking peer (Cummins, 2002).

### **5. Spanish language tests:**

- Diagnostic tools are available in Spanish in the US, but a Spanishspeaking diagnostician must administer them.
- Such a diagnostician may test in both languages and compare the results for a more accurate look at the learner's abilities and knowledge.
- Since there is a wide variety of dialects of Spanish, even professionals who speak Spanish may not agree on the version of Spanish used in some of the tests (Division of Adult Education, 1998).
- Moreover, some of the tests are quite old and others are direct translations of English tests (Ibid).

### **6. Diagnostic tests in other languages lacking:**

- There are diagnostic tools in a number of other languages, including European languages, Chinese, Turkish, and Hebrew, but the tools and diagnosticians who can use them are rarely, if ever, available in the US.
- Moreover, many of these tools are merely translations or adaptations of English versions.
- Furthermore, these tests, most of which are still based on the notion of LD as it appears in English-speaking populations, become even more questionable given recent research on the nature of LD in other languages and cultures as well as more understanding of the differences in the ideas of intelligence in other cultures (Katzir-Cohen, Saul, Breznitz, 2002).

## **7. Cost of diagnosis prohibitive for adult ESOL learners:**

- Diagnostic evaluations done by private practitioners are very expensive; few opportunities for accurate and appropriate diagnostic evaluation exist through government-funded entities (Division of Adult Education, 1998).
- Adult education programs certainly do not have the means to pay for diagnosis.

## **Formal diagnosis: Implications of an inaccurate diagnosis**

Unfortunately, it is not uncommon to hear of diagnoses that were attempted on ESOL learners of all ages by diagnosticians using the standard battery of tests used for English-speaking learners. This often results when the learner speaks English relatively well and the assumption is made that he or she can understand the questions. When such inappropriate testing is done, there can be dire consequences:

### **1. Effect on scores**

- The scores will inevitably be affected downward because of language and culture issues in many items. This results in an over-all lower score as well (Schwarz, personal research).

### **2. Changed expectations/treatment**

- When low scores are reported, those who are aware of them may change their expectations and behaviors toward the learner—a phenomenon long noted in education by those who have objections to testing and labeling learners (Ysseldyke, & Foster, 1978).

### **3. Access to GED classes denied**

- Very low scores may cause learners to be inappropriately prevented from being admitted to GED preparation classes or other classes where an intelligence score is required (Schwarz, personal research).

### **4. Negative effect on learner**

- Just as for English-speaking learners, ESOL learners can be devastated by being told that they apparently have a low capacity for learning and therefore will not have their efforts to learn supported further by agencies requiring "normal" intelligence on such diagnoses (Ibid).

### **5. Damage not easily undone**

- It is difficult to undo the damage of such a diagnosis. Even if an opportunity arises to have the learner re-tested with someone more qualified to do the evaluation, it may be too expensive, the learner will certainly shy away from the possibility of further humiliation, and those in contact with the learner will not change their earlier impressions easily (Ibid).

## **Formal diagnosis: Obtaining a reasonable diagnosis**

Although a full diagnosis using complete scores from tests should not be attempted, a reasonable diagnosis can still be obtained. These are the circumstances under which this may happen:

### **1. Bilingual diagnostician**

- Testing is done by a bilingual diagnostician (not necessarily bilingual in

the learner's other language) who practices in two languages. Being bilingual, the diagnostician is more likely to be familiar with cultural and language complications in testing.

## **2. Evidence from many sources besides tests**

- The bilingual diagnostician familiar with differences in culture and with language issues that affect testing will realize that diagnosis will have to be based on cumulative evidence gained from many sources, not just on testing scores.

## **3. Possible inaccuracy of testing acknowledged**

- Moreover, this diagnostician will be able to acknowledge throughout his or her report that testing a non-native speaker of English using English tools can only result in an *estimate* of strengths and weaknesses and therefore it is always possible that the results of testing are not entirely accurate.

## **4. Redundancy in testing**

- This careful diagnostician builds a great deal of redundancy into the evaluation. That is, he or she tests a strength or weakness with many tasks to be surer of the findings.

## **5. Language/culture free parts of tests selected**

- The diagnostician uses those parts of the standard testing tools that are as language and culture free as possible. But even then, the diagnostician's report indicates at every test and task that the testee was working in a language and culture not native to him/her, and therefore results are always possibly inaccurate.

## **6. Familiarity with testee's culture and language before testing**

- The diagnostician will attempt to learn about the testee's language and culture before doing the testing.

(Schwarz, 1999, 2000, 2002, 2002c)

## **Formal diagnosis: When a formal diagnosis is not possible**

If an appropriate diagnostician is not available or referral is impossible for economic reasons, programs and their learners are faced with a difficult prospect.

### **1. Need for diagnosis vs. risk**

- The diagnosis may be critical for obtaining the accommodations the learner needs in formal testing or other situations. However, having the learner diagnosed inappropriately may be more of a risk.
- If the diagnostician's findings—inappropriately obtained-- result in a very low score, assumptions will be made about the person's ability to learn and the very testing which the learner was attempting to access with accommodation will be denied.

### **2. Choices about testing**

- Vigorously reassess the need for such testing to see if other routes are possible
- Obtain as much information as possible through informal assessment to find out how the learner learns best and what support and modifications might be offered to facilitate learning.

- Continue to search for a more appropriate diagnostician.

### **3. Use extreme caution**

- Extreme caution should be exercised in referring ESOL learners for a formal evaluation to determine whether LD is the reason for failure to progress.

## **Supporting adult ESOL learners with LD in an adult ESOL program**

Support of ESOL learners diagnosed with LD, or strongly suspected of having LD is substantially the same as for English--speaking learners with LD. The LD must be taken into account in every learning situation. However, the fact that the ESOL learner is also facing language and cultural challenges is equally important.

(See Schwarz, 2001, 2002a, 2002b, 2002d)

### **Being careful in the evaluation and counseling process**

As with all adult learners, the ESOL learner will do best by being involved in every part of the evaluation of his or her strengths and weaknesses and in the planning of an educational program that will best suit the identified needs. In this process the following issues are important to consider:

#### **1. LD unknown to the ESOL learner.**

- LD is becoming better known and recognized in many European countries but generally speaking, the idea is not at all known or understood in most cultures outside the English-speaking ones.
- Because of this, self-identification among ESOL learners is very rare.

#### **2. Different ideas about different learners:**

- In many other cultures and countries, especially third world ones, slow or different learners are humiliated, punished and/or removed from school.
- This means that being recognized as a different learner may be very threatening for many adult ESOL students.
- Even if the idea is explained carefully, it may be very difficult for the ESOL learner to accept the idea of being singled out for being different in school.

#### **3. Misunderstanding the terms:**

- The terms "learning disabled" or "learning disability" usually translate extremely negatively into other languages. (It can have negative connotations in English as well.)
- Because of this, it is important to avoid using these terms with ESOL learners.
- Instead, the problem can be described rather than labeled, as, "You have difficulty with spelling in English." Or "Remembering the sounds of the letters is very hard for you."
- One or two explanations will not be sufficient for the typical ESOL learner to absorb the idea that the learning problems are not his or her fault. Sensitive, ongoing support will be necessary.

#### **4. Different ideas about education:**

- Many adult ESOL learners come from cultures with very authoritarian educational systems.
- They may have a hard time understanding the notion of having an active part in the planning of their education.
- A gradual introduction to the idea is likely to be more effective than a long initial counseling session.

#### **5. Reluctant self-advocacy:**

- Self advocacy has been shown to be the most effective strategy for adults with LD to succeed in life, but ESOL learners are likely to be very reluctant to advocate for themselves because of cultural and language differences.
- Many will not be able to imagine making themselves “problems” to their teachers or employers by asking for accommodations or modifications.
- They probably will not have the language skills to be able to ask for help or accommodations deftly and will be shy to do so, or they may do so awkwardly and inappropriately.
- They may be embarrassed by their weaknesses, as are many adults with LD. Then they will not want to bring attention to these weaknesses by asking for help or accommodation.
- Learners can be helped with sensitive guidance that includes direct instruction in ways to judge situations where accommodation or help might be needed and in the appropriate language to use to ask for it.

Considering needs of the ESOL learner in educational settings

#### **1. Materials**

While in general terms, the methods and strategies used to support any adult with LD are effective for the adult ESOL learner with LD, some of the conflicting demands of being both an English language learner and a person with LD require that special care be taken in choosing materials

*ESOL instructional materials and the learner with LD*

- Materials designed for ESOL alone almost always present too much material too fast. After just a few units or chapters there may be many grammar, spelling, vocabulary and idiomatic items to be learned.
- In addition, because they are designed to be interesting, textbooks may be visually very confusing for a learner with LD.
- The learner with LD frequently requires enormous amounts of practice to master something new. ESOL texts rarely provide sufficient practice with new material for the learner with LD.
- Consistency and predictability are important to many learners with LD, but many ESOL texts lack these qualities either because of editing efforts to make them varied and interesting or because of inadequate editing. For example, exercises intended to provide practice in one new grammar point may in fact require knowledge of several or may

contain exceptions to the rule that were not covered in the lesson.

- Textbooks often assume that students will learn to generalize quickly about how to do activities or practice exercises, but the learner with LD may have great difficulty with such generalizations.
- Directions and explanations may be too difficult for the learner with LD to follow easily.

#### **LD materials and the ESOL learner:**

- Materials designed for adults with LD who are native English speakers are not controlled for vocabulary in a way helpful to the ESOL learner. The assumption is that the English speaker will know the vocabulary orally, so the only effort to limit it is relative to native English speakers reading grade levels.
- Similarly, these materials are controlled grammatically only for length and complexity of sentences. Even though the text appears very simple, in fact, the ESOL learner may confront mixed tenses and other structures that have not been learned.

#### **2. Methods of instruction:**

Methods of instruction of ESOL learners with LD are substantially the same as for any ESOL learners but a few cautions are in order:

##### **A. True multisensory instruction necessary:**

- Multisensory instruction means using the kinesthetic (whole body, large muscle) and tactile (sense of touch, the way things feel) channels of learning as well as the visual and auditory.
- This does not mean that every lesson involves every channel of learning, but rather that the same information is presented in many different ways over a period of days or weeks.
- In this way, the learner with LD has
  - The opportunity to learn through the channel best suited to him or her;
  - The opportunity to strengthen channels that are not so strong;
  - Time to absorb the information, since learners with LD often require more time to process information than the non-challenged learners do (Leons, 1997).

##### **B. Good ESOL teaching methods helpful but not sufficient**

- Good ESOL teaching with multisensory activities that include whole body activities and plenty of visuals can be very helpful to the learner with LD, but by themselves these methods may not be nearly sufficient for the learner to acquire and retain information because

- The pace of instruction will probably not be slow enough to allow the learner with LD to absorb things.
- The learner needs very careful explanations or demonstrations to be able to fully participate with non-LD peers, a factor that can be difficult to take into account in an active, fast moving ESOL lesson.
- Some literature on foreign language learners with LD indicates that these learners have inordinate difficulty with other people's accents (Javorsky et al, 1992). Consequently, collaborative learning situations where ESOL learners with different language backgrounds interact with each other may prove very uncomfortable for the learner with LD because s/he cannot understand the other learners easily.

### *C. The three R's of teaching to learners with LD*

Literature indicates that many learners with LD have problems getting information the first time and that this is problem is even more acute when they are learning foreign languages. They do better when teachers

- Repeat: Not just louder, but slower, broken into syllables, or perhaps rephrased.
- Review: Built into every lesson so that teaching is two steps forward and one back every day. Review is best done by revisiting material in a different way, using a different channel of learning each time.
- Re-teach: Constant informal assessment can quickly indicate which concepts need to be re-taught before the learner can be asked to move to new material.

### **3. Addressing the language learning problem:**

While LD can show up in many forms in a learner, research indicates that when learning a foreign/other language, the learner with LD most likely will have problems apparently stemming from deficits in the learner's ability to process sounds, or phonological processing deficits. Researchers have been able to show that when these deficits are explicitly addressed in teaching the foreign language, these learners can be successful.

#### **A. Explicit teaching of the sound system means**

- Systematic presentation of the sounds of English
- Explicit contrast with sounds from the learners' language
- Explicit contrast of sounds in English that may be difficult for speakers of some languages to discriminate (e.g. the /a/ of pat, and the /e/ of pet)
- Multisensory presentation of these sounds
- Sufficient review to assure over-learning of the sounds and contrasts in both decoding (reading) and encoding (writing)
- Mastery of the sound system before more complex reading and writing are required

**B. Not all persons with LD who have difficulty with foreign language learning have phonological deficits.**

- English language learners can be tested with simple tasks to determine if they can hear the sounds of English accurately or not.
- If learners have good perception and processing of the sounds, they may find the above-described method of instruction of the sound system very tedious.
- Their difficulties may lie in other areas of language such as coding—making sense of grammar—or comprehension of abstract ideas of time, memory for vocabulary.
- Research on English-speaking foreign language learners with LD indicates that a weakness in semantic skills—meaning and use of words—does not in itself affect the overall ability to acquire language.

**4. The remediation, accommodation, and adaptation spectrum**

A learner diagnosed with LD is likely to do best when a combination of remediation of weak skills, accommodation of the LD and adaptation of the learning environment is offered. Teachers and others must be careful to see that the privacy of the learner is respected when such support is offered.

**A. Remediation of learning problems:** The first response of a program or teacher to a diagnosis of LD in a learner is to want to provide remediation of the weakness. Remediation can be effective when

- The problem is clearly defined and proper remediation is recommended in the diagnostician's report
- Properly trained tutors with experience in remediating the weak skill and with experience with ESOL learners can be obtained.
- Sufficient time can be devoted to remediation—recent studies indicate that intensive remediation over a short period of time is somewhat more effective than remediation offered less intensively over a longer period of time. For example, at least an hour per day, five days a week as opposed to 30 minute sessions two or three times a week.
- The learner is fully informed about the time that remediation will require. Remediation of literacy skills in adults can be a very lengthy and difficult process. The learner should be aware of this and not have expectations of a quick fix.
- It is offered in conjunction with accommodation and adaptations.

**B. Accommodation of learning problems:** One of the goals of formal diagnosis is for the learner to be able to obtain legally mandated accommodation of learning problems for tests or in learning or work settings.

- Just as for English-speaking learners, the program should provide accommodations that are required by the diagnostic



report.

- Accommodations can include having a reader, a scribe, use of a tape recorder, preferential seating. More information on accommodations can be found in the literature about adults with LD.

- Accommodations can allow the learner to access learning and to demonstrate learning despite the LD.

Accommodations are not a substitute for remediation.

- Care must be taken that the adult ESOL learner understands the purpose of accommodations. As mentioned above, the ESOL learner is very likely to misunderstand, be embarrassed by, or actually fear anything s/he feels makes him or her a burden to the teacher.

- Accommodations only help when they are effectively provided and used, so it is important that both learner and teacher understand how the accommodation is intended to ease the situation.

**C. Adaptation of the learning environment:** Adaptations are small changes to the learning environment that enhance learning for one, several or all learners. ESOL learners with LD can profit from such adaptations as

- Access to electronic translators or dictionaries,
- Access to picture dictionaries and other easily used reference items
- Simplified directions, both oral and written.
- Directions given in writing and orally.
- Graphic organizers for different types of assignments
- Highly structured classes; routines help
- Calendars, assignment sheets and other items that help the learner know what is coming

Adaptations are made according to the needs of the learners to increase their comfort and ability to profit from teaching and learning.

## **5. When language learning doesn't happen**

Despite the best efforts of teacher and learner, a few learners may never achieve much success in learning English. This

can happen for a number of reasons. Two prominent ones could be:

### **A. Different ideas about “language learning”**

- The idea of “language learning” may not be clear to all concerned:

Every person who talks about “learning English” or “learning a foreign language” has some idea of what that means, but in fact, there may be huge differences according to situations.

- In adult ESOL, “learning English” may mean acquiring oral competence in “survival English”, but then the learner advances to ABE, where in fact oral competence is not nearly enough.

- In a community college setting, “learning English” may involve more demands to master reading and writing as well.
- Standards of pronunciation may vary enormously, so that in one setting, the learner whose grammar is good but whose pronunciation makes him nearly incomprehensible may be seen as not having learned English, while the reverse may be true elsewhere: Good pronunciation but poor grammar still gets the learner classified as not having “learned English”.
- Even those who say that “learning English” means learning what the learner needs for a given goal may find that the learner him or herself has underestimated or misunderstood the goal. For example, the person who believes she needs to understand the customers to whom she serves coffee in the fast food restaurant perhaps comes to realize that the customers cannot understand her pronunciation.
- The learner may in fact be competent in one area of English but not in another; however the competence does not match either the program’s goals for learners or the learner’s particular needs.
- Research has repeatedly found no correlation between difficulty learning a foreign language and intelligence; however, the language facility of a developmentally delayed learner may be quite limited. That is, despite fluency, deeper meaning and complex use of language will likely not develop.

**B. Mismatch in learning needs and instruction:** The mismatch between the learner’s learning strategies and needs and the instruction available may be too large. Some of the reasons for that are:

- For some language learners with LD, the learning mode is so restricted that it may be nearly impossible to match it in any class setting.
- Other learners require so much repetition, review and reteaching that the program cannot accommodate that need in a class. The learner, then, never progresses through the program.
- Learners who are too far entrenched in learning styles that don’t work or cultural attitudes towards learning that don’t match the program these learners are in may not achieve success.
- Though the literature is divided on this, age does appear to affect language acquisition in many learners.
- A combination of some of affective causes for learning problems mentioned earlier plus LD may result in learning being much too difficult for a particular learner in specific circumstances.

**C. Responding to lack of progress:** When progress is not seen even after carefully planned intervention, several measures can be taken:

- The physical (including vision and hearing) and emotional health of the learner are re-examined to determine if there are mitigating circumstances.
- The competence of instruction is re-examined to determine the impact on the learner.
- The program re-assesses its response to the learner's needs as well reassessing the learner's input to see if ways that the learner CAN learn have been overlooked or to see if even more carefully tailored instruction can be offered.
- The program and learner decide together what specific area of competence the learner will be measured in and whether that measurement will meet the requirements of the particular program in some way.
- The learner is helped to find ways to compensate for limited English skills in some areas such as understanding directions from the supervisor at a job.
- The program should counsel the learner strongly against just sitting term after term in classes without making progress. This is discouraging for teachers and puzzling and even distressing to classmates, and ultimately humiliating to the learner him or herself, despite willingness to do this.
- The program may have to set a limit of time permitted at a given level without making progress. This limit should not be invoked, however, until all sincere efforts to take the steps mentioned above have happened.

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